To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

1	Committee to F
i	PO Box 2569
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Return by Janu

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTAC		
1. Robert Placko sign: Ablirt Placko	Street 1545 Myde hill D.	Town   Village   City  (Municipality Name)	/2///201/ (Month) (Day) (Year)	Phone ( )		
2. Print: Dennis Skifstad Sign: Dennis Skifstad	City: (1001/101) zip: 54026  City: Star Prair: e zip: 54026	Town Stillage City  Star Praise  (Municipality Name)	(Month) (Day) (Year)	Email Phone		
3. Print: Dick Sohnsor Sign: Dilphon	Street: 1041 148th 57.	Town Village City  (Municipality Name)	(Month) (Day) (Year)	Phone ( )		
4. Print: Sign:	Street:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20(Month) (Day) (Year)	Phone ( )		
5. Print:	City: Zip:  Street:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20(Month) (Day) (Year)	Phone ( )		
Certification of Circulator  (certify): I reside at 104008 Chy Rel DD Elloweth Circulators,						

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are elect	tors of the jurisdiction or district represented by the officeholder
named in this petition, I know that each person signed the paper with full knowledge of its content on the date indicated opposite his o	or her name. I know their respective residences given. I support this
recall petition. I am aware that falsifying this certification is punishable under \$.12.13(3)(a), Wis. Stats	100000 78.75 ACM 05000 10001

(Circulator's Residence - Street Name and Number)

(Day) (Month)

(Printed Name of Circulator)

(Signature of Circulator)

(Circulator Municipality)

Circulators,

Please include your contact

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January Committee to Reca

PO Roy 2560

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT IN
Print Demborski herra'i ne sign. Demborski herra'i ne sign. Demborski herra'i ne 2.	Street: 5600 Mockingbindha  City: Creentake Washer 53129	Town Village City  City (Municipality Name)	// /24/20/1 (Month) (Duy) (Year)	Phone (414) \$\frac{1}{2}3
Man DEMBOWSKI PICIDARD Sign: Darnlowd Ruhar  3.	Street: EG MUCKING BIBL LANG LANG City: GREENDRIG Zip:	☐ Town ☐ Village ☐ City ☐ CREENDALL  (Municipality Name)	(Month) (Duy) (Year)	Phone (4/4) 235
Print: Barbara Schauer SigniBarbara Schauer	S86 wa7550 Lakeview La Street Mukwonago Cly: 21p. 53149	Town □ Village □ City  Vernon (Municipality Name)	/ /// /20/2 (Month) (Doy) (Year)	Phone  Phone  Phone
Print: Sign: 5.	Street: City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20	Phone ( )
Sign:	City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	//20	Phone ( )
personally circulated this recall petition and personally also	•		Pl	irculators, lease include your contact info in co Phone

(Month)

(Day)

(Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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Committee to Reca PO Box 2569

THE MUNICIPALITY U	Madison, W1 53701			
NAME & SIGNATURES OF ELECTORS	THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS  STREET & NUMBER OR RURAL ROUTE  Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INF
1. Print: Kelly A. Wentzel Sign: Joseph Julzel	street: 6533 Wich Terrace  City: Madison zip: 53719	Town Village City  (Municipality Name)	1 / 7 / 20 <u>1 7</u>	Phone ( )
Print: Ryan Clarke Sign: Jan Clark	Street: 316 Harvest Lane  City: Altoona zip: 54720	Town Village  City  Altoona  (Municipality Name)	1/7/201Z (Month) (Day) (Year)	Email Phone
six Brian Wentzel	street: 6533 Urich Terrace	Town Village  (Municipality Name)	1/7/2012 (Month) (Day) (Year)	Phone (
4. Print:	Street:  City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20	Phone (
5. Print:	Street:  City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20	Phone ( )
I, To U. C. Inder	Service): I reside at Certification of Circulator (Circulator's Residence – Street Name and Nur	SX VIII OF OF Limber) VIII OF OF CIRCULATOR Municipal Control of C		Circulators, Please include your contact info i
I personally circulated this recall petition and personally ob- named in this petition. I know that each person signed the p- recall petition. I am aware that falsifying this certification in (Month) / (Day) / 20 (Year)	obtained each of the signatures on this paper. I know that the signer are elector paper with that knowledge of its covern on the date indicated opposite his or has punishable under \$12.13(3)(a), Wis Stars.  (Signature of Circulator)	s of the jurisdiction or district represented by the her name. I know their respective residences give	e officeholder en. I support this	Phone ( ) Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT	
1. Michelle Kruse	Street: 5522 Tolman Terrace	☐ Town ☐ Village ☐ Total	12/4/2011	Email mm wo	
Sign: M/Kaus	city: Madison zip: 53711	(Municipality Name)	(Month) (Day) (Year)	Phone (608) 4	
2. Print: Judith Ashley	Street: 4906 6890 SB	□ Town □ Village □ City	12/27/2011	Judith Phone	
Sign: Jakth ashley	city: Kewoska zip: WJ.	(Municipality Name)	(Month) (Dny) (Year)	( )	
3. Katherine Ashley	street: 1618 Forder he # 310	□ Town □ Village ▼City	01/10/20124	ash ey-k	
sion: Katherie Lishburg	chy. Madison zip. W15327		(Month) (Day) (Year)	(608)7 Email	
4.	Street:	☐ Town ☐ Village ☐ City	/ /20	Phone	
Signt	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	( )	
5. Print:	Street:	☐ Town ☐ Village ☐ City	/ /20	Phone	
Sign:	- City: Zip:	(Municipality Name)	(Month) (Day) (Year)	( )	
	Certification of Circulator			- 	
I, Katherine Ashley (Printed Name of Circulator)	(certific) I reside at 1618 Fordem Ave. #310	Madison_	-icinality)	Circulators, Please Include your conta	
	(Circulator's Residence - Street Name and N  y obtained each of the signatures on this paper. I know that the signers are electhe paper with full knowledge of its content on the date indicated opposite his	ectors of the jurisdiction or district represented by	v the officeholder	Phone (608) 7	

med in this pe	ctition. I know that ea	ach person signed the pape	r with full know	ledge of its content	on the date indicated	opposite his or her	Ballic. I Know thei	i respective residences Brown a sep	
all petition. I	am aware that falsif	ying this certification is pu	nishable under S	S.12.13(3)(a), Wis.	Stats.				
M	. 10	120 12			ashoen	M.S.E.	. 1	Page No. (Official Use Only)	1

(Day)

(Month)

(Signature of Circulator)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January
Committee to Reca

Committee to Reca PO Box 2569 Madison, WI 5370

THE MUNICIPALITY US	JSED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			M	Iadison,	ı, WI 5370
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING			ONTACT IN
1.  Print: Ken Meyer  Sign: Zen Meyer	street: 200 Maple SX	□ Town □ Village  PCCity	11 /15/20_		Email Phone	
Sign: Len Meyer	Chy: Park Falls zip: 54552	Park Falls (Municipality Name)	(Month) (Day) (Year)		( -	)
2. Print: Helen Armstrong sign: Helen Armstrong	street: 8635.7th Ave. City: Park Falls, WFzip:54552	Town Village PCity (Municipality Name)	1/6/20 <u>12</u> (Month) (Day) (Year)		Phone	)
3. Print: Mark Arnstrong Sign: Mark Aunstr	Street: 8635 7th Ave  City: Parkfalls, WI zip: 54552	Town Village  City  Cark Falls  (Municipality Name)	(Month) (Day) (Year)	_	Phone (	)
4.	Street:	□ Town □ Village □ City	/ /20		Email	
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)		Phone (	)
5.	Street:	☐ Town ☐ Village ☐ City	/ /20		Email	
Siga:	City: Zip:  Certification of Circulator	(Municipality Name)	(Month) (Day) (Year)		Phone (	)
I, Helen Armstrag, (Printed Name of Circulator)		culators,				
,	(Circulator's Residence - Street Name and Nu		1 2/		se include you Phone	our contact info

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its ontent on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under \$12.13(3)(4). Wis. Stats.

(Month)

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(Signature of Circulator)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January Committee to Recall

PO Box 2569

THE MUNICIPALITY U		THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFO			
1. Print: ARNOLD E. PUTNAM Signi Quinold E. Putnam	Street: 260 9: BSOW LN.  City: PARK FAUS Zip: 54552	Town Village City  PARK FALLS (Municipality Name)	12 /25/20_1/ (Month) (Day) (Year)	Email Phone			
Print: DIANEM. HUGKES  Sign: DiANE M. HughES	Street: 1098 SO STA AUE  City: PARK FALLS Zip: 54552	□ Town □ Village  SCity  PARK FAUS  (Municipality Name)	/2/25/20 <u>//</u> (Month) (Day) (Yenr)	Phone ( )			
Sign: Michael J. Hughes Sign: Michael J. Hughes	Street: 1098 SO STH AVE  City: PAISK JACLS W Zip: 54552	Town Village City  ARK 17445 (Municipality Name)	1 / 3/20/2 (Month) (Day) (Year)	Phone ( )			
4. Prints	Street: City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20 (Monils) (Day) (Year)	Email Phone			
5. Printt	Street: City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20 (Monih) (Day) (Year)	Email Phone ( )			
Certification of Circulator							
I personally circulated this recall petition and personally of	(certify): I reside at 1098 50 5th AUE (Circulator's Residence – Street Name and Nu obtained each of the signatures on this paper. I know that the signers are elector paper with full knowledge of its content on the date indicated opposite his or	ars of the incisdiction or district represented by the	icipality)	Circulators, Please include your contact info in Phone			

recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

Return by January

Committee to Recal PO Box 2569 Madison, WI 5370

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. NAME OF VOTING NAME & SIGNATURES OF ELECTORS DATE OF SIGNING STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE CONTACT INFO Rural address must also include box or fire no. (Also Indicate Town, City, or Village) Email ☐ Town Street: W5750 Pine Pt. R.S.

City: Pickerel, Wizip: 54465 □ Village ☐ City Phone (Municipality Name) Email Town Village City Phone Email Town Uillage ☐ City Phone (715)6234. ☐ Town ☐ Village ☐ City Street: Phone (Municipality Name) City: 5. Email ☐ Town □ Village ☐ City Phone (Municipality Name) **Certification of Circulator** (certify): I reside at Circulators. Please include your contact info in I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable up (Month) (Day)

(Year)

Signature of Circulator)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janu:

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PO Box 2	5	59	
Madison,	V	π	53

THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.		L
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. The 10 Jones sin Shela Jones	Street: 4260 W. High Kind Blind Apt 4  City: M. Uwawier zip: 53208	Town Village IDCity (Municipality Name)		Phone (414)83
2. Print Lonnie D. Goodman Signifornie D. Josefman	F1101	Town Village City  MIWauke  (Municipality Name)	Month (Day) (Year)	#143
3. Print: MART N. FLWARDS	Street: N52 W16742 OAK Ridge TRL. City: Menomante FallScip: 53052	☐ Town  ☐ Village ☐ City  Melonoute falls  (Municipality Name)	/7/20/2 (Month) (Day) (Year)	Phone (2  U ) 7
4. Print:	Street:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20(Month) (Day) (Year)	Phone ( )
5. Print:  Sign:	Street:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20 (Month) (Day) (Year)	Email Phone
Latricia Goodman. (Printed Name of Circulator)	Certification of Circulator  (certify): I reside at 202 E. Townsend S.  (Circulator's Residence – Street Name and Nu	Milwauke (Circulator Muni	e WT cipality)	Circulators, Please include your contact

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Phone

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Committee to Recal
PO Box 2569

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1. Print: GEORGE E. LEWIS Sign: Gray & Low	Street: 1826 N. 19TH ST.  City: MIWAUKEE zip: 53205	□ Town □ Village  P City  MI WAUKEE  (Nunicipality Name)	/2/20/20 <u>//</u> (Month) (Day) (Year)	Phone ( ) Email				
2. Print: Deun Drinks	Street: 434 n 32nd st	☐ Town ☐ Village ☐ City     White	12/21/2011 (Month) (Day) (Year)	Chickat ingress Phone  ( )  Email				
3. STEVEN BEMA Sign Steve Bign		Town Village City (Municipality Name)	//10/20 <u>12</u> (Month) (Day) (Year)	Phone ( )				
4. Print:	City: // C Zig: J.S.	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20 (Month) (Day) (Year)	Phone ( )				
5. Print:	City: Zip:  Street:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20	Email Phone				
	City:  Certification of Circulator  Certify): I reside at 20 N 42 5 T  (Circulator's Residence – Street Name and No.  (Sy obtained each of the signatures on this paper. I know that the signers are elect	- Sale incidiation or district represented by	v the officeholder	Circulators, Please include your contact in Phone				
I personally circulated this recall petition and personally named in this petition. I know that each person signed the recall petition. I am aware that falsifying this certification.	ion is punishable under S.12.13(3)(a), Wis. Stats.	or her name. I know their respective residences g		Email				

(Year)

(Signature of Circulator)

(Day)

(Month)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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Committee to Rec PO Box 2569

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1. Print: James Binder Sign: James Binder	Street: 8/26 W Brentwood Ave City: Mi/Wainkee 21p: 53223	□ Town □ Village ☑ City	(Month) (Day) (Year)	Phone ( )		
2. Print: Cynthia Birts sign: Cynthua Birts	Street: 7446 n.42 nd St.  City: Milwaukee zip: 53209	□ Town □ Village  SpCity  M// Wayke  (Municipality Name)	// //7/20// (Month) (Day) (Year)	Phone ( )		
3. Marzothanas q siglargothanas q	street: 3897W3Rd St cilledentel zip53212	Town   Village   City   (Municipality Name)	11 /17/20_U (Month) (Day) (Year)	Phone ( )		
4. Print: Sign:	Street:  City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20	Phone ( )		
Sign:	Street: City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20(Month) (Day) (Year)	Phone ( )		
Palaine Willem	Certification of Circulator	ka 1	( a	1.00 mg/s		
(Printed Name of Circulator)	(certify): I reside at 1740 N Highwigh D (Circulator's Residence—Street Name and Nu	mber) (Circulator Muni	Cipality)	Circulators,		

personally circulated this recall petition and personally obtained each of the signatures on this par	per. I know that the sig	ners are electors of the jur	isdiction or district represented	by the officeholder
named in this petition. I know that each person signed the paper with full knowledge of its content	on the date indicated o			
ecall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. 5	Stats.		•	

mea in this p	etition. I know that each per:	son signed the paper w	ith full knowledge of it	s content on the da	ate indicated opposite	his or her name. I know	their respective residences give	en. I support this
all petition. I	am aware that falsifying thi	s certification is punis	hable under S.12.13(3)(	a), Wis. Stats. 🖊	•			• • •
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(Month) (Day) (Year) (Signature of Circulator)

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Please include your contact info

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Committee to I PO Box 2569

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Print Jerrel/Mallis	Street: 8297 N# 61# 87	Drown  Grillage  By  Com Deer	/5/20/2 (Month) (Day) (Year)	Famhea Phone		
Sign:	city: Brown Deer zip: 53723	(Municipality Name)		(4/4)2		
Print Don Wison	Street: Att W5147 W Warsen	Town Village City	15/20/2 (Month) (Day) (Year)	Email		
Sign: W W W W W W	City: Mi/W Zip: WI	(Municipality Name)		(414)3		
3. Print: Sherece WILSON	Street: 5167 N. LOVEYS LANE RD#117		1/5/2012	Email		
sign SUQ Sull	city: Miwavicee zip: 53225	My WWKCE (Municipality Name)	(Month) (Day) (Year)	Phone (4W4)		
4. Print:	Street:	☐ Town ☐ Village ☐ City	/ /20	Email		
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	Phone ( )		
5. Print:	Street:	□ Town □ Village □ City	/ /20	Email		
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	Phone (		
	Certification of Circulator	A W. C				
I, HUVIELO WILSON, (Printed Name of Circulator)	(certify): I reside at 7740 NHigh View Dy (Circulator's Residence) Street Name and Nu	Milwauk	ee	Circulators,		

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under \$.12.13(3)(a), Wis. Stats.

(Month) (Day) (Year) (Signature of Circulator)

Please include your conta Phone

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT		
1. Print_asmine Berger sign: Jasmein Buger	street, 203 Carolina St city: Sauk City zip: 53583	Town  Village  City  (Municipality Name)	12/19/2011 (Month) (Day) (Year)	Phone		
2. Priats Linder Elgersma Signi Linder J. Ogenn	Street: 310 N. Lincoln Ave	Town Village VCity  (Municipality Name)	2  3    20 <u>/                                  </u>	Phone ( )		
3. Priat: 6 rant marty Sign: LA M	street: 57 559 VSHng 12 Apte	SETown  JS=Village  Ocity  Mith Freedom  (Municipality Name)		Phone		
4.  Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20	Phone ( )		
5. Print:	Street:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20	Phone ( )		
. Ann Neumaier	Certification of Circulator certify): I reside at 247 Frank (4 5 tv	cet sank cit	<b>Y</b>	Cinal		

personally circulated this recall petiti	on and personally obtained	each of the signatures on th	is paper. I know that the sign	ers are electors of the jurisdic	tion or district represented	by the officeholder
amed in this petition. I know that eac				posite his or her name. I kno	w their respective residence	s given. I support this
ecall petition. I am aware that falsifyi	ng this certification is punis					
01 , 10	/20/2	(IMM /	Dumaio	1	Page No. (Officia	al Use Only)
	14010		LYANIE I IARA V.	/1)	1	

(Circulator's Residence - Street Name and Number)

(Printed Name of Circulator)

(Day)

(Month)

(Signature of Circulator)

Please include your contact in

Circulators,

(Circulator Municipality)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janua

Committee to R PO Box 2569

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.							
THE MONCIPALITY O	THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.		i	on, WI 53		
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING		CONTACT		
Print: Carol Adamczyk	Street: 1384 15th St.	□ Yillage □ City	12/7/2011	Email			
Sign: Carol adamczyk	civ. Turtle Lake 21p. 54889	(Municipality Name)	(Month) (Day) (Year)	Phone (	)		
Print: TIMOTHY ADAMSZY	Street: 1354 15TH ST Street: TURTUE LAKE -USEG	☑Town □ Village □ City	12/7/2011	Email			
sign: Linith alem	TURTUE LAKE City: W Zip: 54889	BEAVE & (Municipality Name)	/3/7/20// (Month) (Day) (Year)	Phone (	) .		
Print Pauline Merth Soulue Merth	Street:/CO US Havy 63 N	Turtle LAKe	/2/3/20 <u>//</u> (Month) (Day) (Year)	Email			
4.	city: Tustle LAKE 21p. W1 54889	(Municipality Name)  ☐ Town		( Email	)		
Print:	Street:	☐ Village ☐ City  (Municipality Name)	/ /20 (Month) (Day) (Year)	Phone	)		
5. Print:	City: Zip:	☐ Town ☐ Village ☐ City	1 1	Email	· · · · · · · · · · · · · · · · · · ·		
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	Phone (	)		
I, Steven Eichwan, (certify): I reside at 88 South Horsechoe Lake Beaver (Circulator's Residence - Street Name and Number) (Circulator Municipality)  I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder							
named in this petition. I know that each person signed the recall petition. I am aware that falsifying this certification      2	paper with full knowledge of its content on the date/indicated opposite his or is punishable under \$13.13(3)(a), Wis Saats.	her name. I know their respective residences given Page No. (official Us	en. I support this	Email	(5) 9		

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janu Committee to

PO Box 2569

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT		
1. Print Stephen Brellenthin Sign: Styntha Boul Walk	Street: W5448 Briarwood Road City: Elkhorn zup: 53121	Strown City Sugar Creek (Municipality Name)		Brellents Phone (262)90		
Print: Megan Smiley Sign: Meyn Smiley	street: 1221 Hanover trail  city: Walnablee zu: 53597	Town Stillage City  Waynakee  (Municipality Name)		Email  Make megs n  Phone  (bos)71		
Signs Eller Smol	Street: 555 Ligovi Rd  City: Edgerton Zip: 55534	O'City  City  Condition Name  (Manicipality Name)	(Month) (Day) (Year)	Email Survey Phone (168)		
Print: Willel J. Breyenthu Sign: Well Jacob	Street: WSYMY Brewwood ROAD  City: Elkhern ZID: 53124	Town Village City  Municipality Name)	12/2420 <u>l (</u> (Month) (Day) (Year)	Email  Ajbalad  Phone  (202)		
Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20 (Month) (Day) (Year)	Phone ( )		
Stanta DII W.	Certification of Circulator	0100	1	To the state of th		
I, OTEPHEN BEELLENTHIN, (Printed Name of Circulator)	(certify): I reside at <u>W5448 Biac wood</u> (Circulator's Residence – Street Name and Nu	Road Siron C umber) (Circulator Munic	ipality)	Circulators, Please include your contact		

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janu: Committee to Re PO Box 2569

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.								
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT				
1. Print: Dillicarbal Sign: Dillicarbal	Street: ZGYG W.W. SCULTIN AVE #403 City: MILWAUKRE, WI Zip: 50208	□ Town □ Village □ City  (Municipality Name)	/ 19/20 <u>1</u>   (Month) (Day) (Year)	Phone (414) 3				
Print: Reco GARCIA Sign: Reco Sauca	Street: 2140 North 46 4 St.  City: Wilwankee zip: 53208	Town   Village   Society   Milwauken     (Municipality Name)	// <b>26</b> 20 <u>//</u> (Month) (Day) (Year)	Phone ( )				
3. Print: ACKIONO Thomas Sign: Adula Thomas	Street: 2435 W. Wisconsin Ave.  City: Milwarkee zip: 53233	□ Town □ Village □ City ■ Musukee (Municipality Name)	1)	Phone ( )				
Print: Thecesa Thomas Sign: Heresa homes	Street: 2435 W. Disconsin An 505  City: M. Dwankel 21p: 53233	Town  Village  City  (Municipality Name)	///3Û/20 <u>//</u> (Month) (Day) (Year)	Itter wathout Phone (414) 2				
5. Print: Sign:	Street:	□ Town □ Village □ City  (Municipality Name)	/ /20 (Month) (Day) (Year)	Phone ( )				
I, Dian & Thomas, (Printed Name of Circulator)	Certification of Circulator  I, Nanc Thomas (certify): I reside at 2435 W. U.S. A.C. Milwaykee Circulators							
I personally circulated this recall petition and personally of	btained each of the signatures on this paper. I know that the signers are elector	rs of the jurisdiction or district represented by th	e officeholder	Phone				

named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.16 of the Wisconsin Statutes.

Return by Committee PO Box 25

THE MUNICIPALITY USED FOR MAILING PURPOSES. WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUPPICIENT.  THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Print Cayle Hunge	Street: 7997 S Fin-Pont	Town Diffuge	1/1/2012	Email
Steri Say	City: Syperior WI - Zip: 154550	(Municipality Name)	(Month) (Day) (Year)	Phone (
Print: Jana John Son	Street: 7953 1/2 Dowling LLRds	Town O Village City	1/7/20_12	Email  - dana
Sign parajens	city: Supercr Zip: 54880	Summit (Municipality Name)	(Month) (Day) (Year)	(
Print: Mexisse Stone	Street: 10822 S. Print of Rocks Rd	Down Divinage	1/7/2017	Email
sign: Mouratione	City: FOX POXO 21p: 54836	HOXDOYD (Municipality Name)	(Month) (Day) (Year)	Phone (
Print: DAMOS WOOD	Street: 1720 OGDEN AVE	☐ Town ☐ Village  A City	1 171-10	Email
Sign: () Away (Val)	SUPERIOR 24 2054880	(Municipality Name)	/ /7/20/12 (Month) (Day) (Vear)	Phone (
5.		☐ Town ☐ Village ☐ City	1 ,	Email
Nign:	Street:	(Municipality Name)	(Month) (Day) (Year)	Phone (
I. Rosemary Doyce (Printed Name of Circulate)	(certify): 1 reside at TIBLE CLANGE FLY NAME (Circulator's Residence - Street Name and Num	aus Rl WASCOT  wher) (Circulator Munic	ain alitu)	Circulators, Please include your

		GORDON		
I personally circulated this recall petition an	d personally obtained c	each of the signatures on this paper. I know that the sig	sa: 1 ac electors of the jurisdiction or district of	epresented by the officeholder
		ith full knowledge of its content on the date indicated of	aspective his or her name. I know their respective	e residences given. I support this
recall petition. I am aware that falsifying thi	s certification is punist	hable under S.12.13(3)(a), Wis. Stats		
11 11	12017	11) -1	Page	No. (Official Use Only)

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Phone

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Committee PO Box 2

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Print: James Hatchett	29 Valley rd. Street Beloit, WI. 53511	Drown Belost Utiliage City	//   JS   20 <u>//</u> (Month) (Day) (Year)	Email Phone
Sign James Natchett	City Beloit zin 535/1	(Municipality Name)	(Notati) (Day) (Tear)	(618
2. WILLE BUCHANAN Printi de elle colBuchanan	Streets Belon 535/	□ Town □ Village ♣ City	(Month) (Day) (Year)	Email
Sign:	Cityı Zipı	(Municipality Name)	(Month) (Day) (Year)	Phone (608)
3. Printi C J Ruffanan	545 PUBLIC AVE Street Belout WI 5351(	□ Town □ Village 40 City	1/1/20/2	Email
Sign: CBushanun	Cityı Zipı	(Municipality Name)	(Month) (Day) (Year)	Phone (6 0 <b>9</b>
Henry Piceson	Street: 135 Park Ave. City: Beloit Co: Zip: 535//	Town Village City (Muglcipality Name)	/ /0//20/2 (Month) (Day) (Year)	Email  773  Phone  (608)
Prints	Street:	☐ Town ☐ Village A City  (Municipality Name)	/ /20 (Month) (Day) (Year)	Email Phone
Sign:	Certification of Circulator	(ivamespanty traine)		
ILLYCKTEHA JACKSON (Printed Name of Circulator)	certify): I reside at 1056 BUH 54. (Circulator's Residence – Street Name and Nu	mber) Beloit (Circulator Munic)	pality)	Circulators,

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under \$.12.13(3)(a), Wis. Stats.

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Committee to I PO Box 2569

Return by Janu

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTAC
1.  Print: M; Kc Hats  Sign: Da Auan	Street: N5629 Fairway Drive  City: NewLondon Zip: 54961	Otown Village City  (Municipality Name)	/ [ /23/20 11 (Month) (Day) (Year)	mikehaa Phone (920)9
2. Print: Michael Paltzer Sign:	Street: 481 N. Crest St.  City: Hortonville zip: WI	Town  Village  City  Hortonville  (Municipality Name)	// 2420 <u>//</u> (Month) (Day) (Year)	Email  Michaelpe Phone  (920) 5
sign: David Dancel	Street: 80 18 th 57  City: Climtomville zip: WI	Martown □ Village □ City  C \ (N + UN U ) U \ (Municipality Name)	12/6/201/ (Month) (Day) (Year)	Phone (7,5)
4. Print: Jill Danke Sign: Lettarle	street: 80-18th St. City: Clintonville zip: 54929	Town Village City  (Municipality Name)	1/5/20 <u>1</u> 2 (Month) (Day) (Year)	Phone (715)8
5. Priot: Sign:	Street: City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20(Month) (Day) (Year)	Phone ( )
I, Jill Danke, (Printed Name of Circulator)	(certify): I reside at Circulator (Circulator's Residence - Street Name and Nu	Clintony (Circulator Muni	rille cipality)	Circulators, Please include your contact

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a). Wis Stats.

 $\frac{1}{\text{(Month)}} / \frac{\text{(Day)}}{\text{(Year)}} / \frac{20 / 2}{\text{(Year)}}$ 

(Signature of Circulator)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January

Committee to Reca PO Box 2569

THE MUNICIPALITY U		Madison, WI 5370		
NAME & SIGNATURES OF ELECTORS	THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS  STREET & NUMBER OR RURAL ROUTE  Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INI
1. Print: Patricia Deubig sign: Patricia Dubig	Street: 500 8+h ANEQUE	Town Village Scity  Baraboo (Municipality Name)	11  23   20 1   (Month) (Day) (Year)	Part Dentis Phone (60%)356
2.	City: Barabou zip: 53913			Email
Sign: OHERYL HOUSLEY	Street: 1700 SKYRIDGE CT  City: STOUGHTON WI ZID: 53589	Town   Village   STOV 4 HTO N   (Municipality Name)	11 /23/2011 (Month) (Day) (Year)	In Housieye Phone (600)669
3. Diane Housley	/	□ Town		Email 0
Sim Diane Housley	city: Baraboo zip: 53913	Willage City  Ray oo o  (Municipality Name)	11/27/2011 (Month) (Duy) (Yenr)	(608)35(
4. Mark Housley	Street: 1700 Shy adge CT	☐ Town ☐ Village □ □ City		Email
Sign: Mal W. Hang	City: Stoughton zip: 53584	Stoughton (Municipality Name)		Conhausley@ Phone (608)669
5. Print:	Street:	☐ Town ☐ Village ☐ City		Email
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Yeur)	Phone ( )
	Certification of Circulator		1	
I, Mark H. Housley	(certify): I reside at 1700 5 kg ( de C)	<u>Staughtan</u>		Circulators,
(Printed Name of Circulator)	(Circulator's Residence – Street Name and Num	mber) (Circulator Munic	vipality)	Please include your contact info i

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Me H. Ary
(Signature of Circ

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Phone (60) 664
Email

cmhousles(

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott

Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes. PO Box 2569 Madison, WI 5 THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. NAME OF VOTING CONTACT MUNICIPALITY OF RESIDENCE DATE OF SIGNING STREET & NUMBER OR RURAL ROUTE NAME & SIGNATURES OF ELECTORS (Also Indicate Town, City, or Village) Rural address must also include box or fire no Email □ Village □ City milwaukee (Municipality Name) Email ☐ Town ☐ Village IL City Phone (Municipality Name) □ Town ☐ Village Phone (Municipality Name) (4(4 Email ☐ Town ☐ Village (414) Email 5. □ Town ☐ Village ☐ City Phone (Municipality Name) **Certification of Circulator** 

(certify): I reside at 202 F Townsend S I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder

named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Day) (Signature of Circulator) (Month)

Return by Janu

Committee to F

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott

Committee to Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes. PO Box 2569 Madison, WI THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
Print l'approprie Hartwig	Street: 15263 W Cleveland  City/Lew Bey/11 zip: 53/5/	Drown Utillage City  (Municipality Name)	///8/20// (Month) (Day) (Year)	Phone (4/14)
2. Print: Eduard ZARZYNGKI Sign: Eduard Zaryoka	Street: 2,527 LV. Pagexs St.  City: MILLIA Woo W/ Zip: 53,234	□ Town □ Village □ Carry     17   Law for the Law   (Municipality Name)	(//////201/ (Month) (Day) (Year)	Phone (4/14)
margaret A. Stanke margaret A. Stanke	2528W, ROGERS ST Street:  City: Milwankee Zip: 53214	□ Town □ Village MILW AULTER  City  (Municipality Name)	// ///20/// (Month) (Day) (Year)	Email 414.38  Phone ( )
4. Print: Cathleea Young-Mcksyshet Sign: Cybong-Aleksoph	Street: 21685-Layton Blvd.  City: Milwankee zip: 53215	□ Town □ Village □ City	///0/20/2 (Month) (Day) (Year)	Phone ( )
5. Print:	Street:  City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20(Month) (Day) (Year)	Email Phone
,	Certification of Circulator			
I, Diane Nanlock (Printed Name of Circulator)	(certify): I reside at 1034 S 89 5to set (Circulator's Residence – Street Name and Nu.	mber) (Circulator Munic		Circulators, Please include your cont

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month)

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Return by Jan

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Government Accountability Board: We will be a state of the state of the State of Wisconsin petition for the recall of Government Accountability Board: We will be a state of the state of t Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan Committee to PO Box 2569

THE MUNICIPALITY USED FOR MAILING PURPOSES. WHEN DIFFERENT THAN MOUST AN WAYS BE LISTED.  THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST AN WAYS BE LISTED.				Madison, WI
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
1. Print: Jessica Wehmhoefer	Street: 725 Shell Creek Rd	□ Town SEViflage □ City	12/22/20/11	Email
sien. Jellehmhoefer	chy Minona 219: 54869	Minon a (Municipality Name)	(Month) (Day) (Year)	( )
2. Print ROBERT FRIKART	Street: 303 SHEWL CREEK ROAD	☐ Town □ Village □ City	12/24/20//	Email
Sign: Robot Fribat	City: M(NONZ) Zip: 54859	(Municipality Name)	(Munth) (Day) (Year)	Phone (715)
3. PrintM EGG AN FRIKART Sign: New Son Son	Street: 303 SHELL CRESK ROAD	☐ Town ☐ Village ☐ City  (Municipality Name)	12/24/20// (Month) (Day) (Veur)	Phone (715).
From Lynda Wilcox Site Synda Wilcox	City: MINONG Zip: 54859  Street: 305 /5/ ST.	☐ Town  ☑ Village ☐ City  M 1 NON 6	12/24/20_]]	Email
su Syrida Wil cox	cin; Minon 6 zip: 54859	(Municipality Name)	(Month) (Day) (Vear)	( )
S. Print:	Street:	□ Town □ Village □ City	/ /20	Email
Nigo:	City: Zip:	(Municipality Nume)	(Month) (Day) (Year)	( )
	Certification of Circulator	Δ. 14		
I. Carynen Gord (Printed Name of Circulator)	(certify): I reside at N12 404 Lake Stde (Circulator's Residence - Street Name and N	Rd. Winoug lumber) (Circulator Muli	icipality)	Circulators, Please include your con

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signer-tre electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Signature of Circulator)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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(Signature of Cit

recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wi

(Month)

Return by January

Committee to Reca PO Box 2569 Madison, WI 53701

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT IN
Jeura Magdze Leura Magdze	Street: 2119 Maryland Ave.  City Superior 210, 54880	Town Village City  Supenor (Municipality Name)	/2//20// (Minuth) (Day) (Year)	Imagdzas Phone (7/5)39°
2. Print: DANIElle N MAGDZAS Sign Danvilla 11 Magdzas		□ Town □ Village ■ City  Superior (Municipality Name)	12/3/2011 (Murth) (Day) (Year)	Phone (715) 39
sign: Darrell J. Magdzas Sign: Darrell J. Magdzas	street: 2119 Maryland Ave  City: SUPERIOR Zip: 54880	Town Village SCity  (Municipality Name)	12/4/20 <u>//</u> (Month) (Day) (Year)	Phone (715) 39
Print: Don's M. Magdzas  Spin Win M. Magdzas	street: 1801 Maryland Ave  city: Superior zip: 54880	Town Village City  Superior (Municipality Name)	12/31/2011 (Month) (Day) (Year)	Phone (7/5) 39%
5. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20 (Minth) (Day) (Year)	Phone ( )
(Printed Name of Circulator)	Certification of Circulator  (certify): I reside at 219 Mary Africand Africand Africand Circulator's Residence - Street Name and Number of the signatures on this paper. I know that the signers are elected	· · · · · · · · · · · · · · · · · · ·		Circulators, Please include your contact info

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January Committee to Recal PO Box 2569

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFO
Charmaine Pellitter	Street: 1926 Hawks Nage Dr 504	Uerona address  original but vote in Madus  original but vote in Madus  original but vote in Madus  Madison  (Municipality Name)	(Month) (Day) (Year)	Sunlover Phone (W8)225
2. SWAN Druke  Sign: SWAN Druke	Street: 800   Ritz Dr. #202	Town Village Willoge  Mull SU  (Municipality Name)	Q4/20 1 (Month) (Day) (Year)	Phone ( )
3. Print: Am Pe Clk Sign:	Street: 8001 Ritz Dr #202 City: Madism 1 WI zip: 537/9	Town Village City  (Municipality Name)		Email Phone
4. Print: DAIE E. Hustad  Sign: 4.	Street: N9525 Hustad Uly Res	Town   Village   City   Lew Glans (Municipality Name)	// /27/2011 (Month) (Day) (Year)	Phone ( )
5. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20(Munth) (Day) (Year)	Phone ( )
Charmaine Pellitteri	Certification of Circulator  (certify): I reside at 1926 Hawks Ridge D  (Circulator's Residence - Street Name and N	v #304 Vevona U	<u>01 53</u> 593 icipality)	Circulators, Please include your contact info in

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(Year)

(Signature of Circulator)

Please include your contact info in

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riniTerrence Burford supervice Burford	Street: 7614 COUNTY ROAD FF  City: Webster, WI zip: 54893	□ Town  Sylliage □ City  Webster  (Municipality Name)	///2//20_// (Month) (Day) (Year)	Phone (715)
2. John URMES Sign: John URMES	Street 28160 Dunn Street  City: Danbury, WI zip: 54830	Town Dilage City  (Municipality Name)		Phone (715) 8
sign. Jerry Olson	Street: 6721 Boshey Rd  City: Dawbury Wizze: 54830	Town Village City  (Municipality Name)	[[ /23/20]] (Month) (Day) (Year)	Phone (715) \$
From Mondiell  Store Manstield	Street: 6625 PitoBeens RC City: W&BSTER, Wi zip: 54823	Town Village City (Municipality Name)	///26/20 <u>//</u> (Month) (Day) (Year)	Email Phone
5. Print: ROBERT A SMITH Sign: Ruleit a Smith	street Webster Wis  City: 7667 County Rel F 54993	Town Utillage City  (Municipality Name)	///2920 <u>//</u> (Month) (Day) (Year)	Email Phone ( )
Terrence Burford, (c) (Printed Name of Circulator)	Certification of Circulator certify): I reside at <u>76/4 CEUTTY R.J. F.F.</u> (Circulator's Residence – Street Name and Nu	WebSTe1		Sirculators.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Prince EmmaLee Bartlett	street: 10709 Tesch Ln. #67	□ Town  Town  City	11 /16/2011	Email
sum majee Butlett	aux Rothschild zup: 54474	Rothschild (Municipality Name)	(Month) (Day) (Year)	Phone ( )
2. run: Tony Bartlett	street: 801 Vacls st	□ Town St√illage □ City	11/16/2011	Email
Sign: Coru Barelitt	city: Rothschild zip: 54474	Rothsch. Id (Municipality Name)	(Month) (Day) (Year)	Phone ( )
3. PHILL Heidi Burtlett	street: 801 Jack St	□,Town Elvillage □ City	11/1/20 11	Email
sign: Word Bartless	cin: Rothschild zip: 54474	Rofuschild (Municipality Name)	(Month) (Day) (Year)	Phone
Melinda Ziesman	street: Lo86 Cty Rd DB	Town Village City	11/17/2011	Email
sign: Milinder house	City: Mosine WI Zap: 54455	(Municipality Name)	(Month) (Day) (Year)	Phone ( )
5. Protot: Heather Landnum		□ Town □ Village □ City	12 121	Email
sign: Desether Lara	city: MXMAW, WI 24pt 54403	(Municipality Name)	(Month) (Day) (Year)	Phone ( )
	Certification of Circulator			
1. EmmaLee Bartlett .	(certify): I reside at 10709 Tesch Ln. #6	7 Rothschild	1	
(Printed Name of Circulator)	(Circulator's Residence - Street Name and Nun	mber) (Circulator Munic	cipality)	Circulators,

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(Month)

(Day)

Please include your contact Phone

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janu

Committee to RePO Box 2569

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1. Frint: Fordan Messen	street: 203 W. Railread St.	□ Town  Village □ City  Bowler	/////20 <u>//</u> (Month) (Day) (Year)	Email
Sign:	city: Bawler 24:544/6	(Municipality Name)		(715) 7
PHILEILETTA Danie	street: 505A W Blodge # St	☐ Town ☐ Village 70 City	11 /17/2011	edahle a
sign:	air: MAISHALL WI Zap. 54449	Murshfeld (Municipality Name)	(Month) (Day) (Year)	Phone (804) 3
3. PHINE MARGARET SIELAFF	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Town ☐ Village	, ,	Email
sign: Margaret Sie laff	City: Wansan Wi 24:54403	(Municipality Name)	(Month) (Day) (Year)	Phone ( )
4. Print Mrystina Dabler	1007 ( ) 10	Town Village City		Email
son Kupte Dablu	city: Waysay zup: 54403	(Municipality Name)		Phone (715)4
5. Johan Krueger	end 10709 tesch Cy Apt 67	Town Strillage	12n 12n 11	Email
sign: Jodey Way	air. Rothsdutt zur 54474	(Municipality Name)	(Month) (Day) (Year)	Phone ( )
	Certification of Circulator			<u> </u>
1. EmmaLee Bartlett 10	(certify): I reside at 10709 Tesch Ln. #107	<b>Bothschild</b>		

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Circulator's Residence - Street Name and Number)

(Month)

(Day)

(Printed Name of Circulator)

(Yes

Mmale Butto

(Circulator Municipality)

Circulators,
Please include you

Please include your contact
Phone

(715)

emmalee.

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.				PO Box 2569 Madison, WI 537	
THE MUNICIPALITY U	THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
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1.		□ Town		Email	
Print: Maria Lopez	Street: 1325 Mandota St.	☐ Yillage    City	111/1/2011	mardy	
1 / Maria & Shood	Successification of the succes	Madisan	(Month) (Day) (Year)	Phone	
Sign: Will Company	City: Madison Wizip: 53714	(Municipality Name)		(408)21	
2. Chenta Toussaint		□ Town		Email	
Print: 100 100 100 100 100 100 100 100 100 10	Street: 2301 Post Rd #206	□ Village  Ø City	11/15/2011	608 819	
Charles Journaint		Itchbus	(Month) (Day) (Year)	Phone Chent	
Sign:	CHE FHELDING Wi Zip. 537/3	(Municipality Name)		( ) h	
3-ZEBZ./Nang		□Town		Email	
BZ. Wang	surd 2 Bayview	□ Village   KCity	1 10 10010		
Zept L Jang		Madison	1 /2/20 <u>/2</u> (Month) (Day) (Year)	Phone	
Sign:	city: Madison, WI zip: 53715	(Municipality Name)		(608)25	
1-in Vana		☐ Town ☐ Village		Email	
Trint: LIOCO WILL	street: 1006 Fiedler Ln#12	☐ City	1/2/20/2		
4-1 IN		Mad 15 m (Municipality Name)	(Month) (Day) (Year)	Phone	
Sign: // X/	city: Madison Wizip: 53713			(608)93	
5. Place Class		☐ Town		Email	
Print: May Jan	street: 58/7Balsam 72J#1	□ Village  City	1/2/2020	NIA	
1 (tus)		(Municipality Name)	/ Z/20 <b>352</b> (Month) (Day) (Year)	Phone	
Sign:	City: Madison, Wzip: 537/1  Certification of Circulator	(manifestary)		(60g)2	
Ali Uma	Certification of Circulator	a. Carl			
I, Nalee lang (Printed Name of Circulator),	(certify): I reside at 302 Bayview (Circulator's Residence - Street Name and Nu	(Circulator Munic	ison	Circulators,	

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Please include your contact in

Return by Janua

Committee to Re

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Print: Lianna Eshop sign Flamma Bishop	street: 1140 Burnet St.  City: Brookfield W/ Zip: 53005	□ Town □ Village  ■ City  Brookfield (Municipality Name)		Email Phone
Print: MARK BISKOP  Sign: Mark Biskop	Street: (140 BURNET ST  City: BROOKFILLS Zip: 53005	□ Town □ Village ■ City    Skooks (Eco   (Municipality Name)	(   /24/20// (Month) (Day) (Year)	Email Phone
3. Print: Tolling Bishep sign: Je any Buch	Street: 1140 Bury + >F  City: Drock Field zip: 53005	Town Village ECity  City  (Municipality Name)	// /27/20// (Month) (Day) (Year)	Phone (
4. Print: Natalic Bishop  Sign: Matalic Biship	street: 1140 Burnet st  City: Byook full zip: 53005	Town Village City  BYOKACIA (Municipality Name)	[	Email Phone
5. Print: Carmella Solomone Sign: CARMELLY SALOMONE	city Smhfuld W zip: 53045	Town Village City Browlefull (Municipality Name)	// /24/20(Month) (Day) (Year)	Phone (
I, JAnn Dish (Printed None of Circulator)	(certify): I reside at 1/40 Bornet ) (Circulator's Residence – Street Name and Nu	umber) Brook Si Laf		Circulators, Please include your

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PO Box 25

Phone

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1. Sens Chang Sign: L	Street: 1820 Daly Ave.  City: Wis. Rapids zip: 54494	Ua Town □ Village □ City  (Municipality Name)	/2 20/20/1 (Month) (Day) (Year)	Email SHCh  Phone (7/5)
Print: Pang Khang Sign: Jang Khang	Street: 1/31 16 5+ 50-	Village □ City  (Municipality Name)	12/2420 <u>11</u> (Month) (Day) (Year)	Phone (715 ) &
3. Print: Zong Moua Khang Stgn: Zong M Khang	Street: 331 Papper Aue  City: WIS Rapids zip: 54494	P Town □ Village □ City  (Municipality Name)		Phone (7/5)
Print: MM XION () Sign: The XI	Street: 311 7th St  Chy: Wisconsin Rapids Zup: 54494	☐ Town ☐ Village  ▼ City  (Municipality Name)	12/27/20 <u>11</u> (Month) (Day) (Year)	Phone (715 )
5. Prints Maj Long Xiong Sign: Mai Long Xiong	street: 2251 Ranger Road  Chy: Wisconsin Rapids 24,94	Town Village GCity (Mod) (Municipality Name)	12 /22/2011 (Month) (Day) (Year)	Phone (715)
I, Your Hans has (Printed Name of Circulator)	Certification of Circulator certify): I reside at 307 30 4 10 Recolor (Circulator's Residence - Street Name and Nur	mber) W15415 F	Reedowh	Circulators, Please include your conta

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(Day) (Month)

(Circulator Municipality) Please include your conta

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Madison, WI 5 THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. NAME OF VOTING MUNICIPALITY OF RESIDENCE DATE OF SIGNING CONTAC NAME & SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE (Also Indicate Town, City, or Village) Rural address must also include box or fire no. Email 1. □ Town Village City (Municipality Name) 7 Town ☐ Village Email ☐ Town ☐ Village ☐ Town Khang WE ☐ Village X City □ Town ☐ Village julie van Street: 430 GOVE AVENUE (115 cum Wisconsin Rapids

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Committee to PO Box 2569 Madison WI 4

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name & signatures of electors	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTAC
1. Print: Mai Y. Xiong	Birecti 3323 Howard AVG.	□ Town □ Village BCity	12  18/20[[	Email Phone
Sign M All	Caus Stevensloint, WI 2101 54481	(Municipality Name)	(Month) (Day) (Year)	(715 )6
Print Chee Xiong Yang	Blreet 1801 Karent St.	□ Town □ Village □ City	[2  /8/20 <u>//</u>	Phone
Bligar Chue X. Young	CHAN Stevens Point WI ZIDI 544A	(Municipality Name)	(Mouth) (Day) (Year)	( )
3. Ying Chang	Btrook 22/6 Tlinois AVE	□ Town □ Village -BCity	12 /18/2011	Phone
Sign Ying V Chang	Citys Zips	(Municipality Name)	(Munth) (Day) (Year)	(715)3
Print Nao Shue Xiong	Birreti 3323 Howard AVE	☐ Town ☐ Village ☑ City	1/2/18/20	Email Phone
Sign: New Drang King	chyStevens Print with 54491	(Municipality Name)	(Munth) (Day) (Year)	(715)
5. Prints Mee Lor	Barees 117 Walker St	□ Town □ Village □ Gity	15/18/20	Bmali
sign. Mee Lor	cus Stevens Point, Wals 54481	(Musicipality Name)	(Month) (Day) (Year)	(115 ) 3
1, YouA HANG KHANG (Priviled Name of Circulator)	Certification of Circulator (certify): I reside at 53073442	lach Rudoloh unbek) (Circulator Muni	icipality)	<b>Circulators,</b> Please include your conta

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(Printed Name of Circulator)

Please include your conta

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan
Committee to

PO Box 2569 Madison, WI

THE MONCEPALITY OSED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
1. Priot: Pa Chev chang Sign: Pa Mor Man	Stevens Point 210 54481	Town Village ACity  SHENCIS POINT (Municipality Name)	12//8/20 <u>11</u> (Month) (Day) (Year)	Phone (715)
Print Ka Nov cha  Signi LKA NOV ChA	733 Johns pr. #6 Street: Stevens Point  City: WI 229: 54481	Town   Village   Devens Poin 4   (Municipality Name)	12/18/20_/1 (Menth) (Day) (Year)	Phone (715)
signix Sour Vary Cha	733Johns Dr. #6 Birecti City: Stevens 10/int 210: 5448/	Town Village City  Stevens loint (Municipality Name)	12/18/20/1 (Munith) (Day) (Year)	Phone (715)3
4. Prints Feng Vang Signs Fenge Vang	717 Walker St Street: Cliy: Stevens Point zip: 54481	☐ Town ☐ Yillage City (Municipality Name)	/2//8/20 <u>//</u> (Month) (Day) (Year)	Phone (7/5);
signi zacober xiong	Birrel 1300 W-Jackson St WI City Stevens-Point zip 54481	Town Utiliage City  Stevens Poin T  (Municipality Name)	//20_ (Month) (Day) (Year)	Phone (715)
VOUA HANG KHANG	Certification of Circulator (certify): I reside at 5307 300 AVR Sudd	10005 Rulah	10	
I JUMA HANMA MILANU	certify): I reside at 9307 300 AVE And OLD	INDUID I WAUK	<i>V</i> (	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable upder S.12.13(3(a), Wis, Spats.

(Circulator's Residence - Street Name and Number)

(Month)

(Day)

(Printed Name of Circulator)

(Year)

(Signature of Ofrculator)

Page No. (Official Use Only) # 1101184

(Circulator Municipality)

Circulators,

Please Include your conta

(7)5)6 Email

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTAC
1. Print Wa Fue Khang WA FUE KHAN Signi	Sired 4943 Reddin Rd  Sired Hydolph WI 219: 54475	Scrown  Village  City  (Municipality Name)	19/9/2011 (Nonth) (Day) (Year)	Phone (7/5)
2. Chong Viong Sign:	Street: 1008 Brfage St Citys Stevens Pt 24981	☐ Town ☐ Village  >SCity  SHOWN CF  (Municipality Name)	/2/18/20 <u>(/</u> (Month) (Day) (Year)	Phone ( )
3. Print: Tony Xiono; Signi	Street: 547 Robin Un.  City: Stevens Pt. 248 2	O Town O Village City Stevens P-1 (Municipality Name)	12/18/2011 (Month) (Day) (Year)	Phone ( ) [ ]
4. Yer Yang Vang Signi Yes Yang Vang	Street: 9970 Harding Rd  City: Planfield, WI 21,54966	Trown Ovillage Orry (Municipality Name)	2 / 18/20/1	Phone (7/5) 5
5. YOUA HANG KHANG Sign Dat Start	Street 5387 30 AVE City Reedolph WI 211 195	City Countries (Municipality Name)	1 ///20 <u>12</u> (Month) (Day) (Year)	Email  Valorandi  Phone  (*715) 6
I, YOUA HANG KHANG. (Printed Name of Circulator)	Certification of Circulator certify): I reside at 53073446 PM (Circulator's Residence - Street Name and Nur	dolph Rudoph nber (Circulator Munic	cipality)	<b>Circulators,</b> Please include your contac

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1 11 12012 Yours

(Month) (Day) (Ye

(Signature of Circulator)

Phone

(7/5)69 Email 190

Committee to Re

PO Box 2569

the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott alker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. NAME OF VOTING CONTACT NAME & SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE DATE OF SIGNING Rural address must also include box or fire no. (Also Indicate Town, City, or Village) Email Town Village ☐ City (Municipality Name) (215)7 Town Uillage 11/7/2011 ☐ City (115) (Municipality Name) Email Town Utillage City 11 /18/20/1 (Municipality Name) (715)Email □ Town ☐ Village City City Phone (715)□ Town ☐ Village **A**City 11/20/20/1 (715)Certification of Circulator Circulators, (Printed Name of Circulator) Please include your conta

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01	05	120 12	Jessica A derbit	
(Month)	(Day)	(Year)	(Signature of Circulator)	

Phone

Return by Janu

Committee to R

PO Box 2569 Madison, WI 53

the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott alker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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Committee to R PO Box 2569 Madison, WI 53

	THE NAME OF THE MUNICIPALITY OF RESIDENCE MOST ALWAYS	ivate in the contract of the c		
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
was Nancy Molle	Street: 234 Cadar St.	Town Village City  Park follo	12/8/20/1	Email Phone
"Yancy 80 ollor	CHY: Park falls 24: 54552	Park talk (Municipality Name)	(Month) (Day) (Year)	(715)
Ann M Zoesch	street: 735 loth Are S	Town Village	12/8/20_1(	Email Phone
Jan M Zoerch	City: Park Faus Zip: 511552	(Municipality Name)	(Month) (Day) (Year)	(715)5
JOHN R. MOLLMAN  John R. Mollman	Street: 125 AUERY AV	Town Village PARK FALLS	12/8/20 <u>11</u> (Month) (Day) (Year)	Email Phone
an Althorization	City: PARK FACLS Zip: 54552	(Municipality Name)		(7/5)6
James 6 Herbst	street: 884 North 3rd Avenue	Town Village Pricity Falls	2/ 1 /20 1   (Month) (Day) (Year)	Email Phone
an Maria (a Hart	City: Park Falls zip: 54552	(Municipality Name)	(Monto) (nay) (rear)	(715)
Hutz Amy Weinberger	street: 321 2nd Ave N.	□ Town □ Village □ City	12/19/20 <u>11</u>	Email
Any Wendern	city: Park Falls 21p: 54552	Park Falls (Municipality Name)	(Month) (Day) (Year)	Phone (715)
Jessica Herber	Certification of Circulator	· · · · · · · · · · · · · · · · · · ·	1 . 1.	
CXSSIMULT TUNKSKY	(cartiful) I reside at NK 143 MANIE RIDAL KO	d This of L	_0U2	

ersonally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder ned in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this all petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Circulator's Residence - Street Name and Number)

(Month) / OS /20 |2 | Signature of Circulator)

(Printed Name of Circulator)

Page No. (Official Use Only)

(Circulator Municipality)

Circulators,
Please include your cont

Phone (715)

Email

herbstfa

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Januar

Committee to Re
PO Box 2569
Madison WI 537

THE MUNICIPALITY U	JSED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Madison, WI 537
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT I
1. Print: ANNA M FANNING- Sign: Orman M Fanning	Street: 3454 PORTLAND DR  City: JANESVILLE ZIP: 53546	□ Town □ Village □ City  TANESTILE (Municipality Name)	////2011 (Month) (Day) (Year)	Email Phone
2. Print: STEVEN SALIBY Sign: DCC	Street: 1121 HAWTHORNE AVE.	Town Village PCity  (Municipality Name)	11 / 2 <sup>1</sup> / <sub>20</sub> 1 (Month) (Day) (Year)	Email Phone
3. Print: Serrya Stara Sign: Jee Jee	street: 1014 Ruger Avenue  City: Janesville zip: 57545	□ Town □ Village □ City    Concount   Conco	11 /24/2011 (Month) (Day) (Year)	Phone ( )
4. Print: Sydney Stavn sign: Nydmy Stavn	street: 2045 Atwood Ave. #209  City: Madison, WI Zip: 53704	Town Village NCity  MAD ISON (Municipality Name)	1 /24/2011 (Month) (Day) (Year)	Email Phone
5. Print: SANY STAVN Sign: Sully Stavn	Street: 4011 GREENBGAL DR -	Town Uffage City  (Municipality Name)	Month) (Day) (Year)	Email Phone
I, Peggy M. Eichman , (Printed Name of Circulator)	(certify): I reside at 828 VICTOVI & Place (Circulator's Residence – Street Name and Nur	Umber) Janesville, U	,	Circulators, Please include your contact is Phone
I personally circulated this recall petition and personally of named in this petition. I know that each person signed the precall petition. I am aware that falsifying this certification is		ors of the jurisdiction or district represented by the her name. I know their respective residences give	ven. I support this	( ) Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Januar

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THE MUNICIPALITY U	JSED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Widdison, WI 557
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT IN
1. Print: Victoria Woodman Start Letona Halman	street: 3402 Kingsbridge DR.  City: Janes VIIIE 219: 53546	Town Village  City  Janesville (Municipality Name)	// /22/20// (Month) (Day) (Year)	Email  Vwwdman  Phone  (608) 75.
2. Peggy M. Ejchman Sign: Pengym Cichnan	street: 828 Victoria Place  City: Janesville, WI 210: 53546	Town Village A City  (Municipality Name)	11 /34/20 <u>11</u> (Month) (Day) (Year)	Digi eichr Phoad (608) 29
3. ALICE Mestersor sign Weigh Masterson	1	Town Village City  (Municipality Name)	//12420_// (Month) (Day) (Year)	Phone ( )
4. Print body Saliby Shint Dody Waliby	street: 1121 Hawthorne AVI.	Town Village City  James Villa (Municipality Name)	/1 /34/20_1/ (Month) (Day) (Year)	Phone ( )
5. Print: FECSEY EICHMAN Sign: FLYCOLOGY	Street: 828 Victorials  Milwanker, UI 53212 Co	Town   Village   Village	1\/24\20_\\ (Mooth) (Day) (Year)	Phone ( )
I. Peggy M. E. Chman. (Printed Name of Circulator)	Certification of Circulator (certify): I reside at <u>SQS VICTOPIA P/ACE</u> (Circulator's Residence – Street Name and Nuc	<u>Janesville</u> , unber) (Circulator Munic	<u>WI 5</u> 3544 ipaliy)	Circulators, Please include your contact info
	- Pespish Cichnian		en. I support this	( ) Email

of the State of Wisconsin petition for the recall of Governor Scott

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin Peterson Peter				PO Box 2569 Madison, WI 53		
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.						
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT		
1. They GezyBardy	Street: 4331 N. Morgan AVE  City: Greenhard zip: 53220	Town Village Millage (Municipality Name)	(Z/4/20// (Month) (Day) (Year)	Phone (444)4		
2. Print: Jennther Grzybardn Sign: Jennykowsh.	Street: 4331 WMogan And Sitve Engen Field zip: 53220	Town Village County (Municipality Name)	(Month) (Day) (Year)	Phone (UNY)		
3.  Print: Michael Ann Willnes  Sign: Michael Ann Willnes	Street: 3419 S. 68th Street  Muluskie zij: 53219	□ Town □ Village  → City  M. Lwaule e  (Municipality Name)	12/9/2011 (Month) (Day) (Year)	Phone (414 ) 3		
4. Print: DEBI DEJEWSKI Sign: Delin Dycard	Street: 5823 W Robers	Town Village City  (Municipality Name)	13/13/20 <u>11</u> (Month) (Day) (Year)	Phone (414)3		
5. Print: Dallas Hanson Sign: Dallas Hanson	street: 4321 s.7st. St #1  City: Greenfield zip: 53220	□ Town □ Village ▼ City  Creenfield (Municipality Name)	1/3/2012 (Month) (Day) (Year).	Phone (414)		
	Certification of Circulator  (certify): I reside at 580/W, CLEVELLAND  (Circulator's Residence – Street Name and No.		the officeholder	Circulators, Please include your contact Phone		
I personally circulated this recall petition and personally of	obtained each of the signatures on this paper. I know that the signers are elect paper with full knowledge of its content on the date indicated opposite his or	r her name. I know their respective residences g	raon i subbore um	(4/4)6		

named in this petition. I know that each person signed the paper with the knowledge of the knowledge (Month)

Return by Janua Committee to Re

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January
Committee to Report PO Box 2569

	THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Madison, WI 53
ĺ	NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
	1. Patricia Wilson	Street 7740 N Highview Drive	□ Town □ Village City	11//6/2011	Email
	so Fotricial 3/cson	city: Milwantee zip: 53223	Milwaukee (Municipality Name)	(Month) (Day) (Year)	Phone (414) 8
	2. Print Gloria J Williams	Street: 8311C N 1077# ST	□ Town □ Village City	11/1/20//	Email
	Sign: Gloria J Hilliams	city: Mil Waukee zip: 53224	Mulwaukee (Municipality Name)	(Month) (Day) (Year)	Phone (
	3. Print: Tiffany Barta	Street: 3971 S. 38th St	□ Town □ Village 10 Aty	11 /11/20 //	Email
	Sign: Iffer Dock	city: Milwaukee zip: 53215	Mulicipality Name)	// // 20_// (Month) (Day) (Year)	Phone ( )
	4. Rosemary Binde	Street 8/26 W. Brentwodan	U Town U village  Facity *	  11/1 <b>6</b> /20 <b>1</b>	Email
	sien Rossamary Bender	cir. milwaukee zip. 5323	(Municipality Name)	(Month) (Day) (Year)	Phone (
	5. Mark Wiley II	Street: 7740 N Higview Ar	U Town U Village EXCity  M Jake Kee	11/16/20 11	Email
	Sign: YIQLY WYWY	any: Milwaukee zip: 53223	(Municipality Name)	(Month) (Day) (Year)	( )
	Patricia Wilson	Certification of Circulator (certify): I reside at 7740 N Hamie 9	n Milway	lee o	
	(Printed Name of Circulator)	(Circulator's Residence – Street Name and Nu	mber) (Circulator Muni		Circulators, Please include your contact
	I personally circulated this recall petition and personally of	ptained each of the signatures on this paper. I know that the signers are elector	rs of the jurisdiction or district represented by the	ne officeholder	Phone

recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Signature of Circulator)

(Month)

(Day)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Januar

Committee to Reca PO Box 2569 Madison, WI 5370

THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Madison	1, W1 53 /(
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	C	ONTACT IN
1. Ann Neumajer	street: 247 Franklin Street	□ Town  □ Village □ City	11/25/2011	Email	
sign: JMM Neumauer	city: Sauk City zip: 33583	Saut City (Municipality Name)	(Month) (Day) (Year)	(	)
Print: Marie F. Lund	Street: S74 W16159 VINE ST.	☐ Town ☐ Village  ②City	11/25/20_11	Email	
sign: Marie F. Lund	City: MUSKEGO WI Zip: 53150	MUSKE96 (Municipality Name)	(Month) (Day) (Year)	Phone (	)
3. Barb Lund	Street: 1637 Delaware Blvd	□ Town □ Village		Email	
sign: Barbara & Leen	City: Madison Zip: 53704	Madison (Municipality Name)	//  25 20/  (Month) (Day) (Year)	Phone (	)
4. Print: Lance Hansen	Street 606 Galena Cincle	☐ Town ☑ Village ☐ City	12/14/2011	Email	
Sign: Lance P. Digan Hansen	chy: Prairie Dy Sac zur \$3578	(Municipality Name)	(Month) (Day) (Year)	Phone (	)
5. Ceilia Hegasty	street: 303 Pine St.	.□ Town  Evillage  □ City	l. lasit	Email	
swilling Digruty	Chr. Schall City zup. 53553	(Municipality Name)	(Month) (Day) (Year)	Phone (	)
I Ann Neumaier	Certification of Circulator (certify): I reside at 247 Frank 1 5 Tr	eet sank cit	<b>Y</b>	Circulators.	

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Circulators, Please include your contact inf

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Return by January

Committee to Recal PO Box 2569

THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT' THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Madison, WI 5370
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT IN
Print: TYCER JOHNSON	Street: 9079 & CEADER CAUSE RD	▼ Town □ Village □ City  (Municipality Name)	0/  03   20/2 (Month) (Day) (Year)	Email Phone
3	City: MINON L Zip: 54359	(Municipality Name)		( )
Print: Alex Maac Sign: Clar Macus	Street: N14454 Island View Rd.	Town Uillage City	1/9/20/2	Phone
	city: Minong Zip: \$2,54859	Minong (Municipality Name)	(Month) (Day) (Year)	( )
3. Print Dana Hyllengten Stobb	Street: 10912N W. Hwer Rd	Fown UVillage City	1/9/2012	Email
sign: Distract July Holds	city: Hayward zip: 54843	Hayward (Municipality Name)	(Month) (Day) (Year)	Phone ( )
4. Terry Shold	Street: 1929 E 6th ST	□ Town □ Village  ☑ City	1/9/2012	Email
sign: Serry Shold	city: Superior, zip: 54880	Superior (Municipality Name)	(Month) (Day) (Year)	Phone ( )
5. Knstin Kasindas	Street: N12773 Brooklynka	Da Town U Village U City	1/9/2012	Email
Sign: Australia	City: MINONG, WI Zip: 54855	(Municipality Name)	(Month) (Day) (Year)	Phone ( )
(-1) 1/51 0	Certification of Circulator	<b>7</b>		
I, <u>Jera Clive Collev</u> (Printed Name of Circulator)	(certify): I reside at 9079 E Leader   K R (Circulator's Residence - Street Name and Nur	mber) W05C0T	cipality)	Circulators, Please include your contact info

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under \$12.13(3)(a) Wis. Stats.

011 09 120/2 /hier to

(Month) (Day) (Year)

(Signature of Circulator)

O O Rage No. (Official Use Only)

Phone
(715) 46
Email

Mac Schell

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janu

Committee to R PO Box 2569 Madison, WI 53

THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	Y OF RESIDENCE, IS NOT SUFFICIENT. BE LISTED.		Madison, W153
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Geraldinek Scheler Sign: La Colin & Scheller	Street: 9079 E Leaner LKRd  City: Minona 21p: 54859	Town Village City  (Municipality Name)	Month) (Day) (Year)	Email  padscl  Riole  (715)4
2. Print: PATRICK E. SCHELLER Sign: All Ille	Street: 9079 E. LEAVER LK RI  City: MINONG Zip: 54859	Martown □ Village □ City  WAS COTT  (Municipality Name)	11 /(6/2011 (Month) (Day) (Year)	Phone (15)4
3. Print: Evica Rolf! Sign: Eura Holl!	Street: 8114 & Cty Rd \ City: GOVDOV 24p: 54838	City  (Municipality Name)	(Month) (Day) (Year)	Phone ( )
4. Print: Deanna Scheller Sign: Deanna Lebeller	Street: 9079 E. Leader Lk Rd City: Minong Zip: 54859		11/27/2011 (Month) (Day) (Year)	Phone ( )
5. Print: Ashley Scheller Sign Cushley Rachallo	Street: 9079 E. Leader LK Rd  City: Minong zip: 54859	STown Uillage City  (Municipality Name)	11 /27/2011 (Month) (Day) (Year)	Phone ( )
<u> </u>	Certification of Circulator	3		<del></del>
I, (Svaldine K Sheller) (Printed Name of Circulator)	(certify): I reside at 9079 E Jeostv Lk Rd (Circulator's Residence – Street Name and Nu	unber) Wascot (Circulator Muni		<b>Circulators</b> , Please include your contact

I personally circulated this recall petition and personally obtained each of the signatures	on this paper. I know that the	signers are electors of the jurisdict	ion or district represented by the officeholder
named in this petition. I know that each person signed the paper with full knowledge of recall petition. I am aware that falsifying this certification is punishable under 1.12.13(3)	its content on the date indicate	ed opposite his or her name. I know	their respective residences given. I support this
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(Signature of Circulator)

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Please include your contact is

Return by Januar

Committee to Rec

PO Box 2569

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

the Wisconsin Government Accountability	Board: We, the undersigned qualified electors of the State of the Use of the Wisconsin Constitution and S.9.10 of the W	isconsin Statutes.		Madison, WI 53
lker from office pursuant to Article XIII, Se THE MUNICIPALITY US	ection 12 of the Wisconsin Constitution and 3.5/10 of the Formal Fig. 2.5/10 of the Formal Fig. 2.5/10 of the Formal Fig. 2.5/10 of the Municipality of Residence Must Always.	OF RESIDENCE, IS NOT SOTT OF BE LISTED.	DATE OF SIGNING	CONTACT
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF GIOLOGIC	Email
Douglas F-Denning	Street: W4540 McGragar Rd	Town    Village   City   City   (Municipality Name)		Phone (7/5)
Print Angela Johnson	city: MINONG WI 20:54859 street: N12986 G./Mare Dr MINMS WI TO 4859	(Municipality Name)	(/   30   20 <u>//</u> (Month) (Duy) (Year)	Phone  ( )
3. Print CLEMORA HOVERSEM	City:	*Town	// 30 20 11 (Month) (Day) (Year)	Phone (
4. Mary A. Dennings	Street W 4540 Mc Gregor Rd	Trown   Village   City   Frag (reek   (Municipality Name)	/2/5/20 <u>//</u> (Mouth) (Day) (Year)	Phone (7/5
5. SLIM Scott	City: Minong 219: 54859  We street: Manany BOX 8:  5485	G Manicipality Name)	(Mtooth) (Day) (Year)	Phone
I, (Printed Name of Circulator)	Certification of Circulator, (certify): I reside at NISCUS FLOWER And Concentration of Circulator's Residence – Street Name and ally obtained each of the signatures on this paper. I know that the signers are add the paper with full knowledge of its content on the date indicated opposite the paper with full knowledge of its content on the date indicated opposite the paper with full knowledge of its content on the date indicated opposite the paper with full knowledge of its content on the date indicated opposite the paper with full knowledge of its content on the date indicated opposite the paper with full knowledge of its content on the date indicated opposite the paper with full knowledge of its content on the date indicated opposite the paper with full knowledge of its content on the date indicated opposite the paper with full knowledge of its content on the date indicated opposite the paper with full knowledge of its content on the date indicated opposite the paper with full knowledge of its content on the date indicated opposite the paper with full knowledge of its content on the date indicated opposite the paper with full knowledge of its content on the date indicated opposite the paper with full knowledge of its content on the date indicated opposite the paper with full knowledge of its content on the date indicated opposite the paper with full knowledge of its content on the date indicated opposite the paper with full knowledge of its content on the date indicated opposite the paper with full knowledge of its content on the date indicated opposite the paper with full knowledge of its content on the date indicated opposite the paper with full knowledge of its content on the date indicated opposite the paper with full knowledge of its content on the date indicated opposite the date in the date indicated opposite the date in the date indicated opposite the date in th	nd Number) (Circulator N	om 1. 14aa	Circulators, Please include you Phone
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scale Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

cott	Co	eturn by Januar ommittee to Re O Box 2569 Iadison, WI 537
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alker from office pursuant to Article XIII, Se	ection 12 of the Wisconsin Constitution and 3.5.10 of the ED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITE THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	TY OF RESIDENCE, IS NOT SUFFICIENT.		
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NAME & SIGNATURES OF ELECTORS  TOHN R. SINCLETARY	Rural address must also include that of the rest.  16445 South Flowher Ros  Street: P.O. Box 539  54890	(Also Indicate Town, City, or Parage)    Village	// 15/20_//	Phone ( )
Print POSEMARY  Print POSEMARY	166148 SOUTH FLOWAGE RO.  Street: P.O. BOX 53	ITown   Village   City   LV   A S & O T T   (Municipality Name)	// /25/20// (Month) (Day) (Year)	Email Phone
3. DELORES HAHN Print Delores Zhahn  1. Dares Zhahn	W5080 ALWY 77 SURS	7   Town   Village   City   FROG CRECK   (Municipality Name)	[/ 28 20/] (Mousth) (Day) (Year)	Phone (
4. Print: MAijAli & SA Rudy  Un' alist Rudy	Street: W7.502 Kings Court	Youn   Village   City   Mi NON G   (Municipality Name)	1/   28/20_ (Month) (Day) (Year)	
5. Print Floyd Riedy	- Street: W7502 Kings Cour	City MINONG (Municipality Name)	1.1 28 20 <u>1</u> (Mosth) (Day) (Year)	Phone (
I, (Printed Name of Circulator)  I personally circulated this recall petition and person named in this petition. I know that each person signer recall petition. I am aware that falsifying this certification.	Certification of Circulate  Certification of Circulate  Circulator's Residence – Street Name of Circulator's Residence – Stree	and Number) (Circulator	Municipality)	Circulators, Please include yo Phone ( Email
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott

Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes. Madison, WI 537 THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. CONTACT II DATE OF SIGNING MUNICIPALITY OF RESIDENCE STREET & NUMBER OR RURAL ROUTE (Also Indicate Town, City, or Village) Email Rural address must also include box or fire no. NAME & SIGNATURES OF ELECTORS ▼Town Utiliage 1. City LINONG Email Town Uillage 2. ☐ City Email JLNEW ☐ Town Willage ☐ City MINONG 75) Email Town ☐ Village ☐ City Phone Email □ Town □ Village 1/28/20// City ascott Robert & Lawler (7/5 / Certification of Circulator Circulators. (certify): I reside at <u>N13945 FLOOTSE Pb</u> Please include your cont (Circulator's Residence - Street Name and Number) Phone Email

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder and the position of the position and personally obtained each of the signatures on this paper. I know that the signers are electrically of the juntational of the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this name of the paper with full knowledge of its content on the date indicated opposite his or her name. recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Signature of Circulator) (Year) (Day)

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Committee to Red

PO Box 2569

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Committee to Rec PO Box 2569

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1. Print: Eric GORU) Sign:	Street: 4134 Clay Street  City: Equ Claire, W/ Zip: 54701	□ Town □ Village  M City  Equ (	) [ / 19 / 20 <u>] ]</u> (Month) (Day) (Year)	Email Phone	)		
2. Print: JAMES GORUD Sign: James Device		□ Town □ Village □ City (Municipality Name)	11 /19 20 15 (Month) (Day) (Year)	Phone (715)	) الراحة		
sign: Janes GORUD	Street: 4134 C197 S+  City: EAU C19: SE, W1 zip: 5470	□ Town □ Village □ City  EAU Claire (Municipality Name)	[] / [9/20 ] (Month) (Day) (Year)	Phone (858)	) 30		
4. Print: V. Jack GOLTRY sign: V. Jack Saltry	Street: 203 2ND, ST  City: MINONG WIS. Zup. 54859	□ Town  ■ Village □ City  Mi NoNG  (Municipality Name)	\	Email Phone	)		
5. Print: Carmen Cornd Sign: Larmen Manua	Street: NI3404 Lakenide  City: Winong, W. Zup. 54859  Certification of Circulator	Drown ☐ Village ☐ City  Minang (Municipality Name)	////9/20 <u>//</u> (Month) (Day) (Year)	Phone (7/5	) 46		
I, Carmen Gonad, (Printed Name of Circulator)	(certify): I reside at <u>NI3404</u> Lake Side (Circulator's Residence – Street Name and Ni	mber)   MiNONO,	W/ 54859 icipality)	Circulators, Please include your	contact inf		

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)

Please include your contact info
Phone
(7/5) 461
Email

Return by Janua Committee to Re PO Box 2569 Madison, WI 53

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

To the Wisconsin Government Accountability Board: We, the unbody of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.  Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.  Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.					dison, v	
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2.		Town Uillage	il lada de	11		
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Print:	Street: W3851 Jivil	(Municipality Name)	(Diomen) (ran)		(	)
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Sign:	City: Minong WI Zup. 54859					
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1" Phniter latvo	Up alps EthnGreen Rd	☐ City	11/29/2011	.   [	Phone	
Print:	Street C	Solon Springs (Municipality Name)	(Month) (Day) (Year)		(	)
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Sign	City: ODION OF THOUSE Zip:	□Town		'		
4.	l A	· KVillage	1 120/001			
Jane Little	Street: 204 W 3rd Ave	Minong -	//  30/ 20// (Month) (Day) (Year)	-	Phone	
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5.		XVillage ☐ City	10/2/20	,,		
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I, GERCE WEE (Printed Name of Circulator)	, (certify): I reside at NI3945 FLOWNE (Circulator's Residence - Street Name at	nd Number) (Circulator I	Municipality)	•	Phone	
(Printed Name of Circulator)	(Circulator's Residence - Street France and all obtained each of the signatures on this paper. I know that the signers are sed the paper with full knowledge of its content on the date indicated opposite the paper with the larger S 12 13(3)(a). Wis. Stats.	e electors of the jurisdiction or district represented	I by the officeholder ces given. I support this			
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To the Wild arin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING	, PURPOSES, WHEN DIFFERENT THAN MUNICIPALT	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	NICIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED.	Madisc
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTAC
1. NORMAN TROSET	HH Jamm French	street: NY1456 Cerkd. E.  City: Whitehall zip: 54773		// // // 20 // (Month) (Day) (Year)	Phone (7/5) G
Henselfremstad	Lenul Frencis	Street: H24 E Br ST City: East Clacie zip: 54722	Town Village Acity Augusta	// //5/20/11 (Month) (Day) (Year)	Phone (715)
Gary Hillestad	Hary Willestand	City: Eleva Zip: 54738	Otive Albion	// //6/20_// (Month) (Day) (Year)	Phone (7/5)
Lynsi Gilbertson	Synsidiubertson	street: 50489 S.Main St. POBOX City: Eleva zip: S4738		(Month) (Day) (Year)	Phone (715)5
Diane Hillestad	Diane Hillestol	Street: W24503 CtyRdI City: Eleva Zip: 54738	Village Albion	11 /16/2011 (Month) (Day) (Year)	Phone (715) &
RUTH TRAASETH	Ruth Transth	Street: , W23753 milant Ad  City: E1BVA2 zip.54738	Village City AIL TON	(Month) (Day) (Year)	[ (715) <b>=</b>
JOHN SCHAEFER		Street: W17261 SCHROEDER		// ////20_1/_ (Month) (Day) (Year)	(7/5)
8. Judy Schaefer	17	Street: W17261 SchRoeder	Town  Village	(Month) (Day) (Year)	Phone (715) 6
Ardell Schroeder	andell Inhouses	Street: W16264 Schroeder Rd City: Whitehyll zip: 54773		// / / / 20_11 (Month) (Day) (Year)	Phone (7/5°)
Jean Schroeder	Jean Schroeder	street: W16264 Schroeder Ed City: Whitehall zigs 54773	Village Hale	11 /17/2011 (Month) (Day) (Year)	Phone (7/5)
NORMAN FR. (Name of Circu	Certification (  Co S E TH , (cert  ulator)  trained each of the signatures on this paper. I know that the	rtify): I reside at(Circulator's Residence - Street name and the signers are electors of the jurisdiction or district represented by the periodic residences given. I support this recall petition. I am aware that falsifying the residences given.	ed. 6 WH to and Number) (Circulator the officeholder named in this petition, I know the	or Municipality) w that each person signed 12.13(3)(a), Wis. Stats.	Circulators, plea

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1.	Donald	Street: 2026 CONWAY DR		//21/2011 (Month) (Day) (Year)	Email
DONALD W HANSON	Hanson	MANESVILLE WI 153548	*City Javes ville	(Month) (Day) (Year)	Phone
<b>2.</b>		Street: 130 Mill ST	□ Town	11/21/2011	Email
Jeroid & Engell 3.	Jeroso F. Engen	Chy: Hixton Wi Zip: 54635	☐ City	(Month) (Day) (Year)	Phone ( )
		Street: 130 Hill 57	☐ Town  M Village	1/ /21/20	Email
Sharon J Engen	Sharow ( Engen)	City: Hixton WI Zip: 34635	□ City	(Month) (Day) (Year)	Phone ( )
4.	2 11/1/	11590116 COB H	Village UNITY	11/24/2011	Email
Donald Gilbertson	Donaldo, Dilbertson	City: Strum Wi, 219: 54770	City	(Month) (Day) (Year)	Phone (115
5.		Street:	ATown UNITY  O'Village	1//29/20/1	Email
ALBING STERRY	albind Story	City STRUM WIS. ZID:54770	City	(Month) (Day) (Year)	Phone ( )
	1 (/ -	Street: WI5808 County Pd. EE	Town Unlage Unle	10 /2/2011	Emaii
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7.		WIKADECALATY RA. FE	<b>V</b>	12/3/2011	Email
Elaine Goss	Elaine M. Boss	City: Osseo, Wisizip: 54758	Town Village Hale	(Month) (Day) (Year)	Phone (115)
8.		Street: Windson Dir Bot 463		e 12/6/20/1	Email
Eileen Dahl	EILPRN Dah	Acio: Origina Talla zip. 54760		(Month) (Day) (Year)	Phone (7/6)
9.		Street: Wensand Br. 54760	2 □ Town	10/1/201)	Email
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10. A	1	Street: W 17474 @ use Pd	N.Tewn	12/12/2011	Email
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NOKMAN I	FROSETH (cer	rtify): I reside at <u>V41456</u> Co. J	RIE WHITE	EHALL	Circulators, plea
(Name of Circu	ulator)	(Circulator's Residence – Street name an	лd Number) (Circulator	r Municipality)	Phone

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. Likeow their respective residences even. I support this recail petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Day) (Month) (Year)

(Name of Circulator)

Phone

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Peter AReiNett		Street: 1534 Harry of	Town	11 /17/2011	Email	
Seter AR sine to	Pet Reinter	City: 749 gel Green Mi zip: 53811	Ocity Hazel Green	(Month) (Day) (Year)	Phone (	)
2.		Street: 3684 SPruce	Town Village	)(/17/20/1	Email	
RANDY Horch	Handy Forch	city: Vieler w/ Zip: 53812	City JAMES FOUN	(Month) (Day) (Year)	Phone (	)
3.		Street: 155 Orchard	X Town ☐ Village	1)/17/20//	Email	:
Ron Heinricy	Row Henricy	city: Dickeyville Wizzip: 53808	City Dickerville	(Month) (Day) (Year)	Phone (	)
4.	1/1 1	Street: 352 Huy35	Z\Town Uvillage	1)/19/20/1	Email	
Jeffrey J. Moor	lifen J. Mor	city: Hozel Green zip: 53811	City James four	(Month) (Day) (Year)	Phone (	)
5.	W The	Street: 3923 HHHRD 33812	FA Town	// //20// Emai	Email	
Paul L. Schoodof	Jeuf Smode	city: Kieler zip:53812	Octy JAM esTown	(Month) (Day) (Year)	Phone (	)
6.		Street: 1671 Plum Hollow Pl	Town	////20// Email	Email	
Robert T Skemp	Robert G AK	city: Hazel Gacen Wi zip: 53811	Ocity Tamestown	(Month) (Day) (Year)	Phone (	)
7.		Street: 3563 Cedan Ct	Village To mes to wh	11/17/20//	Email	
Berneice Pickel	Beneice D. Jick	City: Kieler, WI zip. 53812	City James fown	(Month) (Day) (Year)	Phone (	)
0.		Street: 3739 De Lavn 1 St	Town 5 hip Village	11 /17/20/11	Email	
JoAnne Brother	plune states	city: Kieler zip: 5 Il/2	City James town	(Month) (Day) (Year)	Phone (	<u>)                                     </u>
9.	1.1/11/1/1/	Street: 3644 Cty Hay HHH	Town	11 /17/2011	Email	
Domild Rabertson	That I Roll	City: Northy 22, 24:53612	City James Keen	(Month) (Day) (Year)	Phone (	)
10.		Street: 4280 Cty PLD	Town SNC(SeV	11/17/2011	Email	
Joseph J Bass		city: Platteville, WF zip: 53818	City TOWNSNIP	(Month) (Day) (Year)	Phone (	)
Certification of Circulator						
Jeseph J Bass	, (cert	tify): I reside at 4280 Chy RL. D	Platteville	C   Municipality)	Circulo	<b>ators</b> , please i

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					Madiso
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTAC
DANIEL L. HARRY	Daniel J. Henry	Street: 3826 O'HARRY IN.  City: PLATTEVILLE Zip: 53818	☐Town SmeLSER ☐City TWG	11/16/20_11 (Month) (Day) (Year)	Email Phone (LOS)
Adele Hendricks	adde Hendrichs	Street: 1510 S. Main City: Hazel Licen Wi zip: 538//	Prown   City   Hazel Green	11 /16/20 <u>11</u> (Month) (Day) (Year)	Email Phone ( )
Alice Schmitt	alice Schmitt	Street: 2208 Eh  City: Kieler Wis zip: 538/2	eTown Utilage Kicler	1) /16/20// (Month) (Day) (Year)	Phone ( )
Stacy Doyle	Sty Dozlo	Street: 6910 Sinsinawa Rd. City: Hall Green zip: 538//	Trown   City   Hazel Green	////b/20//_ (Month) (Day) (Year)	Phone (GOS) \$5
David Isoman	Deta	Street: 1830 264 STr- City: Hazel Green, WI Zip: 5381)	Prown Utiliage Hazel Green	// /6 /20/1 (Month) (Day) (Year)	Phone (608) 8
Carrolyn Hoyt	Carreen Lout	Street: 1720 18th St., Box 34 City: Hazel Green, Wil zip: 538//	Town Stillage Hazel Green	(Month) (Day) (Year)	Email Phone
Tanya L. Muller	Saryp S. Muller	Street: 240 North Ave City: Dickeyville zip: 53808	Town Svillage Dickeyville	11 /16/2011 (Month) (Day) (Year)	Email Phone (608 ) 50
Meredith A. Vogt	l U .	civ. Hazel Green zip. 53811	Town Village Hazel Green	// /16/2011 (Month) (Day) (Year)	Phone (608) 7
Vicole Turkingan		street: 315 Washington St. City; Mineral Point 211: 53565	Town Utillage Minera Point	1/ /6/20 <u>11</u> (Month) (Day) (Year)	Phone ( )
Linda Bousley	Linda Bousleys	Street: 918 S. Randolph St City: Cuha City zip: 53807	Town Cuba City		Email Phone
TOSEPH (Name of Circu personally circulated this recall petition and personally obt	lator) ained each of the signatures on this paper. I know that the	fy): I reside at	officeholder named in this petition. I know the	Municipality) hat each person signed	Circulators, please i Phone ( Email